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Clark County Regional Support Network Policy Statement

Policy No.: QM09
Policy Title: Access Standards
Effective Date: September 1, 2001

Policy: All contracted CCRSN provider agencies shall ensure that all consumers receiving RSN-funded services have access to those services according to required standards for timeliness, geographic access, and age and cultural appropriateness.

References: WAC 388-865, Washington Mental Health Division RSN Interlocal Agreement, Clark County RSN Provider Contract Agreement, CCRSN Policy and Procedure QM07 Cultural Competence, CCRSN Policy and Procedure CM28 Crisis Plans, and all other applicable statutes or codes.

Procedure:

1. Providers shall ensure their main telephone number is answered by the fourth ring; that the telephones are covered 24 hours a day/seven days a week; and that people telephoning have access to a person at all times.
2. Providers shall assure that access to services under this agreement is equal to or greater than access for non-public pay service recipients.
3. Providers shall provide outreach and assessment services to homeless individuals or other individuals at their location as needed, including screening and access to all community mental health services as soon as practicable.
4. Providers shall develop and submit an Inter-Agency Agreement with the Clark County crisis service provider to ensure continuity of care and 24 hour availability and to assist Designated Mental Health Professionals and crisis workers in resolving crisis situations and facilitate hospitalizations when necessary.
5. Providers shall ensure timely access to mental health services according to the following standards:
 - a) Access to an intake assessment within ten (10) working days of initial request.
 - b) Offer routine mental health services to begin within 14 calendar days of a determination of eligibility of services. Routine mental health services are defined as those services that are intended to stabilize, sustain, and facilitate recovery of the consumer in a setting where evaluation and treatment services are provided to consumers on a regular basis. A total of 28 calendar days from initial request for service to the date of the first routine appointment following the intake assessment is the expected timeframe for quality monitoring purposes.

- c) Access to urgent care for eligible consumers to be delivered within 24 hours from the time of request from any source. Urgent care is defined as treatment services provided to intervene with a person, who, if left untreated, would likely experience a significant exacerbation of their symptoms or distress, or significant deterioration of their level of functioning.
 - d) Access to emergent care for eligible consumers to be delivered within two (2) hours of the request by any source. Emergent care is defined as treatment services provided to intervene with a person who, if left untreated, would likely require a crisis intervention or hospital evaluation due to concerns of potential danger to self, others, or grave disability.
6. CCRSN, as part of its Quality Management Plan and as part of its provider performance monitoring protocols, shall review provider compliance with access to service timeframes (see #6 above) through a regularly scheduled IS report that summarizes the percentage of consumers that access services within the specified timeframes.
- a) The CCRSN Quality Management Committee shall review access reports at least quarterly and initiate a quality improvement study and/or quality improvement project if a trend of underperformance is identified.
7. Providers shall attempt at least one outreach effort for all new consumers seeking services who have missed their initial appointment. Outreach may include telephone contact or standard letter with information on how to reschedule an appointment.
8. Waiting lists may not be used without prior written approval from the CCRSN.
9. CCRSN shall ensure that continuity and coordination of care occurs for consumers who are hospitalized in a community psychiatric hospital:
- a) Providers shall assure that any consumer discharged from inpatient psychiatric care will receive an appointment for outpatient mental health services within five (5) days of discharge.
 - b) Providers shall provide outreach within 24 hours for any RSN-funded consumer who misses a post-hospital discharge appointment. In cases where the individual is a high utilizer of services, continued outreach for missed appointments is expected until the consumer is located. When necessary, providers shall work with Crisis Services to provide mobile outreach.
10. Providers shall cooperate with the CCRSN Hospital Liaison in coordinating in-patient discharges for Clark County consumers discharged from state facilities, including CLIP placements.
11. Providers shall ensure that a service recipient's housing is not dependent on his/her willingness to participate in mental health services. (Short-term residential treatment services are not considered as housing for this purpose.)
12. Providers shall ensure that qualified staff who are clinically and culturally competent provide services. Providers shall take into account the age, self-disclosed culture and sexual orientation of consumers. Staff shall make reasonable accommodations for consumers with disabilities in providing access to all covered services and shall assure that physical and communication barriers

not prohibit people with disabilities from obtaining services. Providers shall assure access for consumers with limited English proficiency or who are deaf, hard of hearing or blind.

13. Providers shall ensure access to service sites according to the following travel standards:
- a) In rural areas, service sites are within a 30 minute commute time.
 - b) In urban areas, service sites are accessible by public transportation with the total trip, including transfers, scheduled not to exceed 90 minutes each way.

Approved By: _____


Michael Piper, Director

Clark County

Department of Community Services

Date: _____

11-16-05